

# ALBERTA SHEET METAL WORKERS' RETIREMENT TRUST FUND

## Enrollment Form

Please print clearly

**Name:** \_\_\_\_\_  
Your first name                      Your middle name                      Your last name

**Your Social Insurance Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Gender:** \_\_\_ Male \_\_\_ Female

**Birthdate:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_  
Month                      Day                      Year                      [to be used for general information only – example: newsletters]

**Address:** \_\_\_\_\_      **Phone:** \_\_\_\_\_  
Street                      City/Prov                      Postal Code

**SPOUSAL DECLARATION:** If you have a Spouse and die before retiring, your Spouse is **automatically** the sole beneficiary under the Plan unless he/she signs a Waiver of Entitlement to a Pre-Retirement Death Benefit.

**I have an eligible Spouse** ~see back of this form for definition of Spouse~      My marital status is: \_\_\_ Married \_\_\_ Common Law

\_\_\_\_\_  
First name of Spouse                      Last name of Spouse                      Gender: \_\_\_\_\_  
Male                      Female                      Spouse's Birthdate: Month                      Day                      Year

## Beneficiary Designation

**Complete** this section to advise who is to receive your pension death benefit if your Spouse dies before you, he/she signs a *Waiver of Entitlement to a Pre-Retirement Death Benefit* or ceases to be your Spouse.

**If, on my death, I do not have a Spouse, the beneficiary of my pension death benefit is as follows ;**

Divided equally unless specified

_____ First Name	_____ Last Name	_____ Relationship to you (i.e. parent / child)	_____ %
_____ First Name	_____ Last Name	_____ Relationship to you (i.e. parent / child)	_____ %
_____ First Name	_____ Last Name	_____ Relationship to you (i.e. parent / child)	_____ %
_____ First Name	_____ Last Name	_____ Relationship to you (i.e. parent / child)	_____ % Must Total 100%

### **APPOINTMENT OF TRUSTEE FOR A BENEFICIARY UNDER 18 YEARS OLD**

I appoint (print legal name of executor or estate trustee) \_\_\_\_\_ to receive any payments on behalf of my son/daughter who has not attained the age of majority (18 years).

### **GENERAL PROVISIONS**

I fully acknowledge and understand that:

- ✓ In the event of my death any pension death benefit will be paid in accordance with the above designated beneficiary, except where there is a Spouse, who is automatically my beneficiary unless he/she signs a Waiver of Entitlement to a Pre-Retirement Death Benefit.
- ✓ If I do not have a Spouse and have not designated a beneficiary above, the pension death benefit will be paid to my **Estate**.
- ✓ This form revokes any previous designation made by me and I declare the information provided as being true and accurate. I assume responsibility for any changes of the foregoing by personally completing any necessary forms which may be obtained from:

**Alberta Sheet Metal Workers' Retirement Trust Fund, 100, 8905 – 51 Avenue NW Edmonton, AB T6E 5J3**

**Phone (780) 466 1999 • Toll Free (Alberta) 1 (800) 642 3881 • Fax (780) 466 2095 • Email: [info@absheetmetalpension.com](mailto:info@absheetmetalpension.com)**

Plan Member Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Privacy Statement: The Plan will only collect, maintain and communicate the personal information considered necessary for the administration of the Plan. The information you provided is subject to the Personal Information Act of Alberta (PIPA) and any questions should be directed to the administration office.

## Definition of a Spouse

**Spouse** is a person who has rights to your pension in accordance with pension legislation and who, at the relative time, is;

- a) someone that you are married to and to whom you have not been living separate and apart for 3 or more consecutive years, or
- b) if there is no person to whom subsection (a) applies, someone you have been living with in a conjugal (common-law) relationship;
  - i. for a continuous period of at least 3 years, or
  - ii. of some permanence, if there is a child of the relationship by birth or adoption.

If your Spouse wishes to waive his/her entitlement to pre-retirement death benefits, a waiver form may be obtained from the administration office and/or by accessing the website at [www.absheetmetalpension.com](http://www.absheetmetalpension.com).

## Pension Plan Information

This Pension Plan is administered by an Industry Joint Board of Trustees, and is registered with Canada Revenue and Alberta Employment Pensions (CRA 388603), operating in accordance with all applicable legislative requirements. A Plan summary and Membership Booklet may be obtained from the Administration office and/or by accessing the website.

## Funeral Benefit Plan Information

This Plan is supplemental to the Alberta Sheet Metal Workers' Retirement Trust Fund and is for the purpose of providing an enhanced death benefit. The Funeral Benefit applies to ACTIVE Plan Members and RETIRED Plan Members of the Alberta Sheet Metal Workers' Retirement Plan. The amount of the Funeral Benefit is a lump sum amount subject to a maximum benefit equal to the lessor of;

1. \$2,000.00 OR,
2. a.) for retired Plan Members, the monthly pension payable from the Retirement Plan as at date of death multiplied by six, and  
b.) for Active Plan Members the monthly lifetime pension accrued under the Retirement Plan as of date of death, with no early reduction, multiplied by six,

however, shall not be less than \$500.00.

Minimal Plan requirements are that the claimant must apply within 3 months from date of death of the Plan Member. The Funeral Benefit shall be payable upon the death of the Plan Member to the Plan Member's Spouse or, if no spouse, to the Plan Member's Estate upon receipt of the Funeral Director's Statement or Death Certificate. This is a taxable benefit.

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CRA 388603

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